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26123 7590 09/10/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSU... FE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

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(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,673	08/29/2003	David A. Brown	PAT 911-2	7766

TITLE OF INVENTION MULTIPLE BEAM LINEAR ACCELERATOR SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>868X</del> \$700.00	\$300	<del>XX\$868X</del> \$1,000.00	12/10/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PHILOGENE, HAISSA	2828	315-505000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

I, Anne Kinsman

2 Borden Ladner

3 Gervais LLP

## 3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEVEX CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stittsville, Ontario, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☐ A check in the amount of the fee(s) is enclosed
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501593 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 10, 2004

Typed or printed name L. Anne Kinsman

Registration No. 45,291

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Borden Ladner Gervais LLP  
Lawyers - Patent & Trade-mark Agents  
World Exchange Plaza  
100 Queen Street, Suite 1100  
Ottawa ON K1P 1J9  
tel.: (613) 237-5160 fax: (613) 787-3558  
toll free: (800) 661-4237  
ipinfo@blgcanada.com  
www.blgcanada.com

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that these papers, consisting of 3 pages total, are being facsimile transmitted to the Patent and Trademark Office 703-746-4000 on the date shown below.

DATE: December 10, 2004

*L. Anne Kinsman*  
L. Anne Kinsman

Registration No.: 45,291

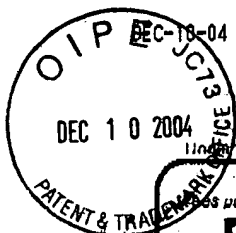
TO THE ATTENTION OF: Examiner Haissa PHILOGENE  
MAIL STOP: MAIL STOP ISSUE FEE  
COMPANY: United States Patent and Trademark Office  
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FAX NUMBER: 703-746-4000  
DATE / TIME: December 10, 2004  
FROM: L. Anne Kinsman  
DIRECT DIAL: (613) 237-5160  
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/650,673  
Title: MULTIPLE BEAM LINEAR ACCELERATOR SYSTEM  
Inventor(s): BROWN, David, A.; HEPWORTH, David, J.  
Our File: PAT 911-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 3  
CONFIRMATION TO FOLLOW: NONE

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Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ ) 1,000.00**Complete if Known**

Application Number	10/650,673
Filing Date	August 29, 2003
First Named Inventor	David A. BROWN et al.
Examiner Name	Haissa PHILOGENE
Art Unit	2828
Attorney Docket No.	PAT 911-2

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 501593 Deposit Account Name: Borden Ladner Gervais LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** Extra Claims Fee (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** Extra Claims Fee (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee and Publication Fee (\$700.00 + 300.00)

**Fees Paid (\$)**

1,000.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 45,291	Telephone 613-237-5160
Name (Print/Type)	L. Anne Kinsman		Date December 10, 2004

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